Preface

Trauma Report Fiscal Year 2003, examines the history of trauma system development nationwide as well as in Mississippi. This is the sixth published report for the Mississippi Trauma Care System. This report is also an appendix to the Emergency Medical Services Fiscal Year Report 2003.

To use Trauma Report Fiscal Year 2003, the reader should refer to —

Chapter 1
Trauma, The Neglected Disease of Modern Society

During the mid 1960s, the National Research Council issued a white paper labeling trauma "the neglected disease of modern society." In 1985, the book *Injury in America; A Continuing Public Health Problem* confirmed that little progress had been made and that the neglected disease remained neglected. During that time period, numerous published trauma death studies demonstrated that as much as one third of trauma deaths occurring in areas without organized trauma care systems were preventable.

The American College of Surgeons developed criteria for the designation of trauma centers and the establishment of trauma systems. States and regions of states that have adopted these criteria or similar trauma care standards have experienced a dramatic reduction in the percentage of preventable deaths. Despite the documented effectiveness of trauma systems, most states have yet to implement them.

Recognizing this fact, the National Highway Traffic Safety Administration developed and implemented a curriculum (*Development of Trauma Systems: A State and Community Guide*) to emphasize the trauma problem nationally and to teach concepts in developing trauma systems during the 1990s. Then Congress of the United States further proclaimed the need for trauma care programs through passage of the Trauma Systems Planning and Development Act of 1990. This Act provided a significant federal funding program for this disease category.

The passage of legislation during the 1991 Mississippi legislative session designated the Bureau of Emergency Medical Services (BEMS), Mississippi State Department of Health (MSDH), as the lead agency for trauma systems development in Mississippi.

Amendment to the EMS Act of 1974

The State Department of Health, Bureau of Emergency Medical Services, acting as the lead agency, in consultation with and having solicited advice from the EMS Advisory Council, shall develop and submit to the Legislature a plan for the triage, transport and treatment of major trauma victims that at minimum addresses the following:

- The magnitude of the trauma problem in Mississippi and the need for a statewide system of trauma care;
- The structure and organization of a trauma care system for Mississippi;
- Pre-hospital care management guidelines for triage and transportation of major trauma victims;
- Trauma system design and resources, including air transportation services, and provision for interfacility transfer;
- Guidelines for resources, equipment and personnel within facilities treating major trauma victims;
- Data collection and evaluation regarding system operation, patient outcome and quality improvement;
- Public information and education about the trauma system;
- Medical control and accountability;
- Confidentiality of patient care information;
- Cost of major trauma in Mississippi; and
- Research alternatives and recommendations for financial assistance of the trauma system in Mississippi, including, but not limited to, trauma system management and uncompensated trauma care.

Since the passage of this law, the Trauma Care Plan for the State of Mississippi has been written and adopted. BEMS has now begun implementation of the plan.

The first step BEMS took in developing a statewide trauma system was the implementation of a statewide trauma registry. In 1992, BEMS began the organizational process for issuing a request for proposal (RFP) from three vendors: TriAnalytics, the American College of Surgeons, and Cales and Associates. Strict criteria were established by BEMS and outside consultants to ensure the registry would meet the needs of the state. After a stringent review process, Cales and Associates was awarded the contract in 1993. The original contract consisted of licenses for five registry sites, along with the state registry software. The trauma registry was then installed in the five regional trauma centers strategically located throughout the state:

- Forrest General Hospital, Hattiesburg
- Greenwood-Leflore County Hospital, Greenwood
- North Mississippi Medical Center, Tupelo
- Singing River Hospital, Pascagoula
- University of Mississippi Medical Center, Jackson.

In 1997, BEMS purchased the statewide license agreement from Cales and Associates making the Hospital Trauma Registry available to any Mississippi hospital wanting to participate in the State Trauma Registry System. The registry is currently being implemented in several hospitals statewide. This expansion will provide a stable foundation for the development of a statewide trauma system.

The 1997 Legislature created the Mississippi EMS Trauma Care Task Force (TCTF) to research the status of trauma and its significance in the state. The membership of the task force was as follows:

- The Director of the Bureau of Emergency Medical Services
- Representative from each of the five original trauma registry hospitals
- Physician appointed by the Mississippi Chapter of the American College of Surgeons
- Physician appointed by the Mississippi Chapter of the American College of Emergency Physicians
- Emergency Medical Technician appointed by the State Department of Health
- Registered Nurse appointed by the State Department of Health
- Two members of the Senate
- Two members of the House of Representatives
- Representative of the Mississippi Hospital Association
- Member of the Governor's staff
- Victim of trauma appointed by the Governor.

The task force focused on three developmental areas for the implementation of a statewide trauma system. These are:

- Prevention and public awareness
- Financial support and legislative authority
- Prehospital and hospital standards of trauma care.

The recommendations of the TCTF were formalized into a report that was due to the Governor and Legislature on December 15, 1997.

H.B. 966— Mississippi Trauma Care System Act

The 1998 Legislature took to heart the report given to them by the Trauma Care Task Force and passed legislation giving the Bureau of EMS, MSDH the authority to develop a statewide trauma care system. It also expands the existing EMS Advisory Council to include trauma care professionals, which make up the Mississippi Trauma Advisory Committee (MTAC). The MTAC is composed of representatives from the following associations plus other EMS Advisory Council members appointed by the Chairman:

- Neurosurgeon appointed by the State Medical Association
- Registered Nurse appointed by the Emergency Nurses Association
- Emergency Medical Technician-Paramedic

- Representative appointed by the Mississippi Dept. of Rehabilitative Services
- Victim of Trauma appointed by the Governor
- Regional Representative from each designated trauma region (currently 7).

Finally, H.B. 966 provides permanent funding through a $5 assessment on all moving traffic violations, creating the Trauma Care Trust Fund. This money will be available for administrative functions at both the state and regional levels.

The passage of this legislation means many things to different entities. Participation in the statewide system is voluntary. Hospitals and medical staff will make the decision to participate. If an acute care facility decides to participate, it will work in conjunction with other facilities in its region to develop regional plans and protocols. Prehospital providers will receive new trauma specific training, new field triage protocols, and will become more involved in the evaluation of patient outcomes. What H.B. 966 means to Mississippians is the Right Patient will be sent to the Right Hospital in the Right Amount of Time. This will result in reduced morbidity and mortality to the citizens of our state.

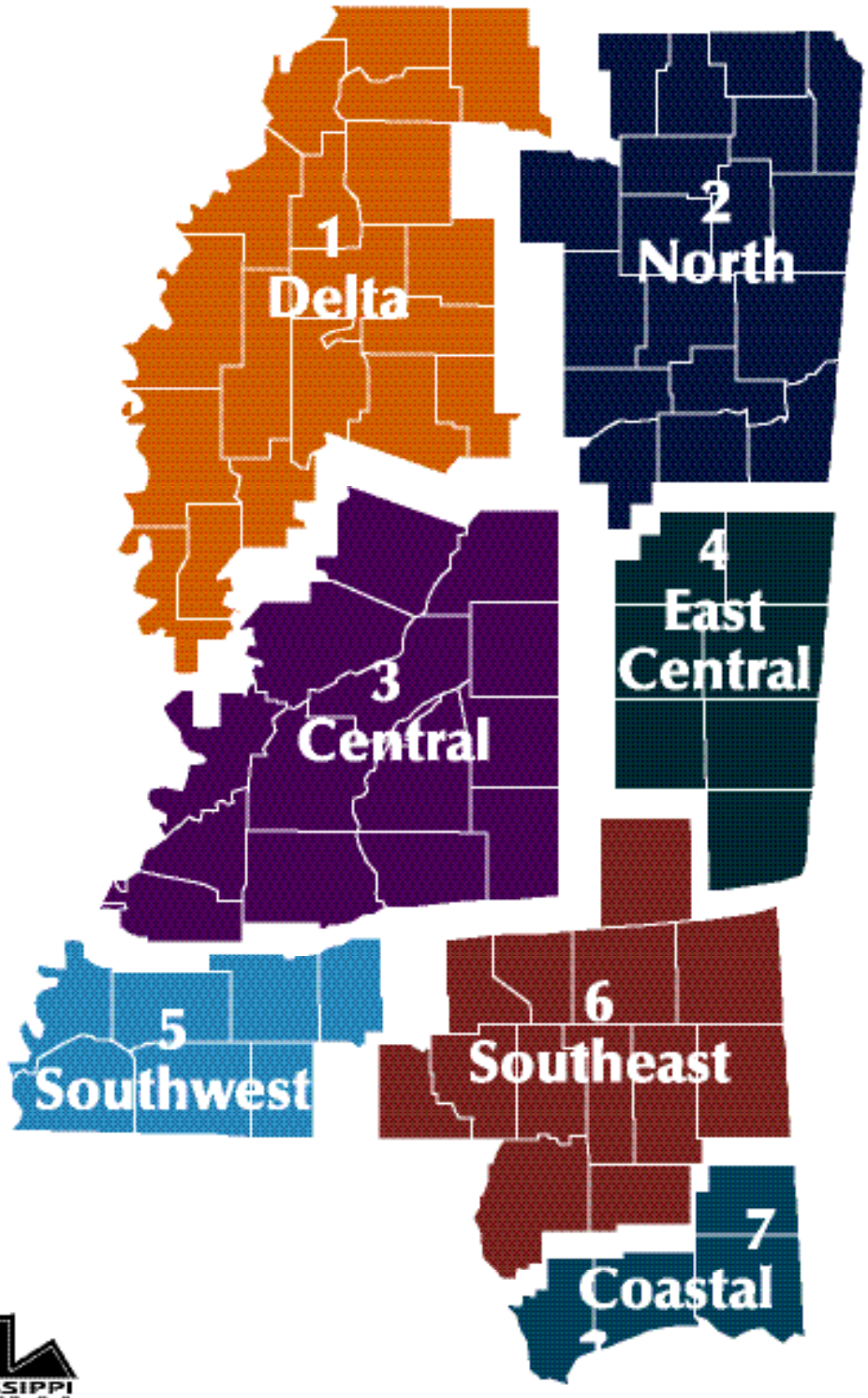
In 1998, the MTAC developed the Mississippi Trauma Care Regulations that were subsequently adopted by the State Board of Health in October, 1998. These regulations describe the requirements for regional plan development and the trauma center designation process. They also state the hospital requirements for trauma program development, which include the entire continuum of care from injury to rehabilitation.

The Mississippi legislature added $6 million to the Trauma Care Trust Fund during the 1999 Legislature Session. These additional monies brought the total amount in the Trauma Care Trust Fund to about $8 million per year. Legislators authorized annual funding for regional support and uncompensated trauma care as defined by the trauma registry through regional contracts with the Department of Health, payable from the fund.

The funds became available on July 1, 1999, for designated trauma care regions through annual contracts with the State Department of Health, Bureau of Emergency Medical Services. The first checks were distributed in FY'00 after hospital designations were announced for Level I and II trauma centers. A total of $6,538,545 was distributed from the Trauma Care Trust Fund for reimbursement of uncompensated care. The fund was divided between designated trauma centers and eligible physicians based on allocation of 70% to hospitals and 30% to eligible physicians.

Additionally in FY'00, seven trauma care regions were designated by the Mississippi State Department of Health. Each designated region established 501-C-3 not-for-profit organizational status, which allows BEMS to contract with them to develop and implement a regional trauma plan. Below is a map of the seven designated trauma regions.

Mississippi
Trauma Care Regions



MISSISSIPPI TRAUMA CARE SYSTEM

In FY'03, the Mississippi State Department of Health had provisionally designated a total of 70 trauma centers which include two level I, five level II, sixteen level III and forty seven level IV. Additional hospitals are participating and have applied to be inspected in FY'04.

Below is a chart representing the hospitals and their levels designated in FY'03.

Mississippi Designated Trauma Care Centers as of June 30, 2003

Hospital	PnNP/D	Level	Address	Administrator	REGION
University Medical Center	D	I	2500 North State Street Jackson, MS 39216	Frederick D. Woodrell	CENTRAL
Regional Medical Center at Memphis	D	I	877 Jefferson Avenue Memphis, TN 38103	Bruce Steinhauer, MD	DELTA
Singing River Hospital	D	II	2809 Denny Avenue Pascagoula, MS 39581	Lynn Truelove	COASTAL
Delta Regional Medical Center	D	II	1400 East Union Street P. O. Box 5247 Greenville, MS 38701	Ray Humphreys	DELTA
Baptist Memorial Hospital - Golden Triangle	D	II	2520 5th Street North P. O. Box 1307 Columbus, MS 39701	Dean Griffin	NORTH
North MS Medical Center - Tupelo	D	II	830 South Gloster Tupelo, MS 38801	Robert Otwell	NORTH
Forrest General Hospital	D	II	6051 US Highway 49 P. O. Box 16389 Hattiesburg, MS 39404	William Oliver	SOUTHEAST
River Region Health Systems	D	III	2100 Highway 16 North Vicksburg, MS 39180	Phillip Clendenin	CENTRAL
Memorial Hospital at Gulfport	D	III	4500 13th Street P. O. Box 1810 Gulfport, MS 39501	James Kaigler	COASTAL
Ocean Springs Hospital	D	III	3109 Bienville Boulevard Ocean Springs, MS 39564	Dwight L. Rimes	COASTAL
Greenwood Leflore Hospital	D	III	1401 River Road P. O. Box 1410 Greenwood, MS 38935	Robert Barrett	DELTA
Baptist Memorial Hospital - North MS-Oxford	D	III	2301 South Lamar Boulevard Oxford, MS 38655	Jim Vandersteeg	NORTH
Gilmore Memorial Hospital	D	III	1105 Earl Frye Boulevard P. O. Box 459 Amory, MS 38821	Robert F. Letson	NORTH

Oktibbeha County Hospital	D	III	400 Hospital Road P. O. Drawer 1506 Starkville, MS 39759	Arthur C. Kelly	NORTH
South Central Regional Medical Center	D	III	1220 Jefferson Street P. O. Box 607 Laurel, MS 39441	Douglas Higginbottom	SOUTHEAST
Kings Daughter's Hospital - Brookhaven	D	III	427 Highway 51 North P. O. Box 948 Brookhaven, MS 39601	Phillip Grady	SOUTH WEST
Natchez Community Hospital	D	III	129 Jefferson Davis Blvd. P. O. Box 1203 Natchez, MS 39120	David Ainsworth	SOUTH WEST
Natchez Regional Medical Center	D	III	54 Seargent Prentiss Drive P. O. Box 1488 Natchez, MS 39121	Jack Houghton	SOUTH WEST
Garden Park Community Hospital	D	III	15200 Community Drive P. O. Box 1240 Gulfport, MS 39501	William Peaks	COASTAL
Jeff Anderson Regional Medical Center	D	III	2124 14th Street Meridian, MS 39301	Mark McPhail	EASTCENTRAL
Clay County Medical Center	D	III	835 Medical Center Drive West Point, MS 39773	David M. Reid	NORTH
Riley Memorial Hospital	D	III	1102 Constitution Avenue P.O. Box 1810 Meridian, MS 39301	Steve Nichols	EASTCENTRAL
Rush Foundation Hospital	D	III	1314 19th Avenue Meridian, MS 39301	Dan Harrison	EASTCENTRAL
Biloxi Regional Medical Center	D	IV	150 Reynoir Street P.O. Box 128 Biloxi, MS 39533	Robert Hammond	COASTAL
Claiborne County Hospital	D	IV	123 McComb Avenue P. O. Box 1004 Port Gibson, MS 39150	Wanda Flemming	CENTRAL
Lackey Critical Access Hospital	D	IV	330 North Board P. O. Box 428 Forest, MS 39074	Donna Riser	CENTRAL
Leake Memorial Hospital	D	IV	310 Ellis Street P. O. Box 557 Carthage, MS 39051	Kent Strong	CENTRAL
Madison County Medical Center	D	IV	Highway 16 East P. O. Box 1507 Canton, MS 39046	Tommy Wiman	CENTRAL
Magee General Hospital	D	IV	300 S.E. 3rd Avenue Magee, MS 39111	Althea Crumpton	CENTRAL
Montfort Jones Memorial Hospital	D	IV	220 Highway 12 West P. O. Box 677 Kosciusko, MS 39090	Thomas Bland	CENTRAL
Prentiss Regional Hospital	D	IV	1102 Rose Street P. O. Box 1288 Prentiss, MS 39474	Mike Boleware	SOUTHEAST
Rankin Medical Center	D	IV	350 Crossgates Boulevard Brandon, MS 39042	Davis A. Richards III	CENTRAL

River Oaks Hospital	D	IV	1030 River Oaks Drive P. O. Box 5100 Jackson, MS 39296	Jack Cleary	CENTRAL
Scott Regional Hospital	D	IV	317 Highway 13 South P. O. Box 259 Morton, MS 39117	Michael R. Edwards	CENTRAL
University Hospital & Clinic-Holmes	D	IV	239 Bowling Green Road Lexington, MS 39095	Thomas Honaker	CENTRAL
Gulf Coast Medical Center	D	IV	180 DeBuys Road P. O. Box 4518 Biloxi, MS 39531	Gary Stokes	COASTAL
Hancock Medical Center	D	IV	149 Drinkwater Boulevard P. O. Box 2790 Bay St. Louis, MS 39521	Hal W. Leftwich	COASTAL
Bolivar Medical Center	D	IV	901 East Sunflower Road P. O. Box 1380 Cleveland, MS 39732	Robert Hawley	DELTA
Calhoun City Health Center	D	IV	140 Burke Road Calhoun City, MS 38916	James Franklin	DELTA
H. C. Watkins Memorial Hospital	D	IV	605 South Archusa Avenue Quitman, MS 39355	Fred Truesdale	DELTA
North Sunflower County Hospital	D	IV	840 North Oak Avenue P. O. Box 369 Ruleville, MS 38771	Robert Crook	DELTA
Northwest MS Regional Medical Center	D	IV	1970 Hospital Drive P. O. Box 1218 Clarksdale, MS 38614	John M. Faulkner	DELTA
Quitman County Hospital	D	IV	340 Getwell Drive P. O. Box 330 Marks, MS 38646	Richard E. Walker	DELTA
South Sunflower County Hospital	D	IV	121 East Baker Street Indianola, MS 38751	Barbara Prichard	DELTA
Tyler Holmes Memorial Hospital	D	IV	409 Tyler Holmes Drive Winona, MS 38967	Rosamond Tyler	DELTA
Alliance Laird Hospital	D	IV	25117 Highway 15 Union, MS 39365	Margaret Muse	EAST CENTRAL
Choctaw Health Center - Philadelphia	D	IV	210 Hospital Drive Philadelphia, MS 39350	James Wallace	EAST CENTRAL
Neshoba County General Hospital	D	IV	1001 Holland Avenue P. O. Box 648 Philadelphia, MS 39350	Lawrence C. Graeber	EAST CENTRAL
Newton Regional Hospital	D	IV	208 South Main Street P. O. Box 299 Newton, MS 39345	Tim Thomas	EAST CENTRAL
Webster Health Services, Inc.	D	IV	500 Veterans Memorial Blvd Eupora, MS 39744	Harold H. Whitaker	NORTH
Winston Medical Center	D	IV	562 East Main P. O. Box 967 Lousiville, MS 39339	Dale Saulters	EAST CENTRAL

Baptist Memorial Hospital - Booneville	D	IV	100 Hospital Street Booneville, MS 38829	Al Sypniewski	NORTH
Baptist Memorial Hospital-Union County	D	IV	200 Highway 30 West New Albany, MS 38652	Zach Chandler	NORTH
Magnolia Regional Health Center	D	IV	611 Alcorn Drive Corinth, MS 38834	Dianne Boatman	NORTH
North MS Health Services - Iuka Hospital	D	IV	1777 Cyrtis Drive P. O. Box 860 Iuka, MS 38852	James Carter	NORTH
Pioneer Health Services	D	IV	400 South Chestnut Street P. O. Box 747 Aberdeen, MS 39730	William Magee	NORTH
Pontotoc Health Services	D	IV	176 South Main Street P. O. Box 790 Pontotoc, MS 38863	Fred B. Hood	NORTH
Tippah County Hospital	D	IV	1005 City Avenue North P. O. Box 499 Ripley, MS 38663	Jerry Green	NORTH
Trace Regional Hospital	D	IV	Highway 8 East P. O. Box 626 Houston, MS 38851	Gary Staten	NORTH
Covington County Hospital	D	IV	Sixth & Holly Street P. O. Box 1149 Collins, MS 39428	Irving Hitt	SOUTHEAST
Marion General Hospital	D	IV	1560 Sumrall Road P. O. Box 630 Columbia, MS 39429	Jerry Howell	SOUTHEAST
Walthall County General Hospital	D	IV	100 Hospital Drive Tylertown, MS 39667	Jimmy Graves	SOUTHEAST
Wayne General Hospital	D	IV	950 Matthew Drive P. O. Box 1249 Waynesboro, MS 39367	Donald Hemeter	SOUTHEAST
Franklin County Memorial Hospital	D	IV	Highway 84 and Union Church Road P. O. Box 636 Meadville, MS 39653	Lance Moak	SOUTHWEST
Lawrence County Hospital	D	IV	P. O. Box 788 Monticello, MS 39654	Semmes Ross	SOUTHWEST
Alliance Healthcare Systems	D	IV	1430 Highway 4 East P. O. Box 6000 Holly Springs, MS 39635	Perry Williams	DELTA
Baptist Memorial Hospital-DeSoto	D	IV	7601 Southcrest Parkway Southaven, MS 38671	Melvin Walker	DELTA
Field Memorial Hospital	D	IV	270 West Main Street P. O. Box 639 Centerville, MS 39631	Brock S. Slaback	SOUTHWEST
George County Hospital	D	IV	859 Winter Street P. O. Box 607 Lucedale, MS 39452	Paul A. Gardner	COASTAL
Grenada Lake Medical Center	D	IV	950 Avent Drive Grenada, MS 38901	Charles Denton	DELTA

Finally, in FY'00, the Bureau of EMS developed a Request for Proposals, in search of a new trauma registry software vendor. The contract was awarded to Lancet Technology, Inc., of Boston, Massachusetts. This was the beginning of the statewide deployment of the trauma registry software to all participating hospitals. The registry was installed in over 60 hospitals, where trauma data began being collected. The registry serves three purposes. The first and most important function of the trauma registry software is for performance improvement activities within the hospital. The data collected by participating hospitals allows the hospital to monitor and improve its trauma program. The second function is for participating hospitals to provide data to the region in which it is participating. The region will utilize the data to develop and monitor prehospital triage protocols, transfer agreements, and policies. Finally, each participating hospital submits data to the State Trauma Registry. The data is utilized for injury prevention activities, legislative initiatives, and monitoring of the Trauma Care Trust Fund. The data captured in the State Trauma Registry is the basis for the information in this report.

Not all trauma is entered into the trauma registry. Minor injuries that are treated by the initial facility and released are not included. Only major trauma that requires surgical intervention, a three or more day stay in the hospital, or exceeds that ability of the initial hospital and results in a transfer to a higher level of care are included. Case criteria include an injury diagnosis of (ICD-9-CM N-Code 800.00 through 959.9) and one or more of the following:

- Transfer to or from another acute care facility
- Admission to intensive care
- Hospitalization for three or more days
- Injury with an AIS value of three or higher or
- Died after receiving any evaluation or treatment.
- Triaged (per regional protocols) to a trauma hospital by pre-hospital care regardless of severity.
- Treated in the Emergency Department by the trauma team regardless of severity of injury.

In FY '03, the Mississippi Department of Health completely designated two trauma centers in the trauma care system as Level IV.

The Bureau of EMS/Trauma System Development (BEMS) conducted Level IV Round Table workshops across the State. These workshops provided assistants with issues and concerns on trauma system development.

The Bureau of EMS/Trauma System Development (BEMS) along with Trauma Consultants provided educational visits for trauma centers throughout the State.

Financial audits were conducted on trauma centers and physicians eligible to receive Trauma Care Trust Funds for indigent care rendered.

Chapter 2
Demographics and Injury Severity

In the United States, injury is recognized as a major public health problem. Trauma (unintentional and intentional) is the fourth leading cause of all deaths for all age groups. The shocking fact is that trauma is the number one cause of death among persons age 0-44. More than 135,000 people die from traumatic injury every year in this country. Between eight and nine million people suffer disabling injuries in the United States annually, with more than 300,000 of them suffering permanent disability. Accidental deaths were one of the leading causes of death in Mississippi with a total of 1,559 occurrences. Over 75,000 years of potential life lost before age 75 occurred in Mississippi in 1999 for all accidental deaths, homicides, and suicides.

The Abbreviated Injury Scale (AIS) is an anatomical scoring system first introduced in the late 1960's. It has been revised and updated against survivability outcomes of patients. Now it provides a fairly accurate method of ranking the severity of injury. AIS, which had it's latest revision in 1998, is monitored by a scaling committee of the Association for the Advancement of Automotive Medicine.

Injuries are ranked on a scale of 1 to 6. This represents the "threat to life" associated with an injury and is not meant to represent a comprehensive measure of severity. An injury with a score of 1 is considered to be a minor injury, an injury with a 5 is critical and 6, unsurvivable.

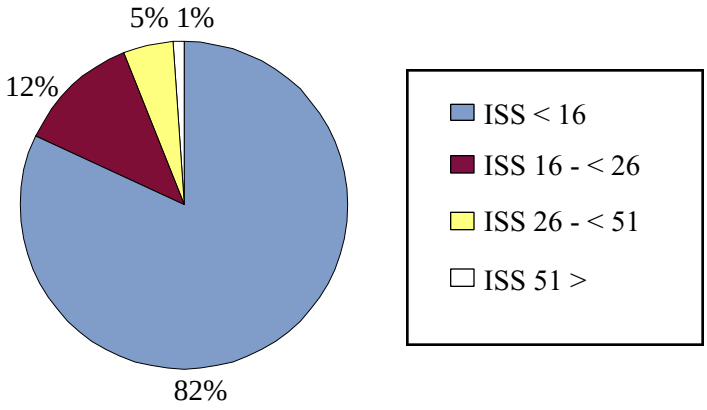
The Injury Severity Score (ISS) is an anatomical scoring system that provides an overall score for patients with multiple injuries. Each injury is assigned an AIS score and is allocated to one of six body regions – Head, Face, and Chest. Lack of documentation and improper scoring techniques result in inaccurate scores. As programs have developed and more education has been provided on documentation and scoring of trauma patients, ISS values have depicted more accurately the severity of injury of patients in Mississippi.

The number of males entered into the state trauma registry was nearly double the number of females, with males making up 65 percent of the total population. However, there was an insignificant difference in severity of injury between the sexes.

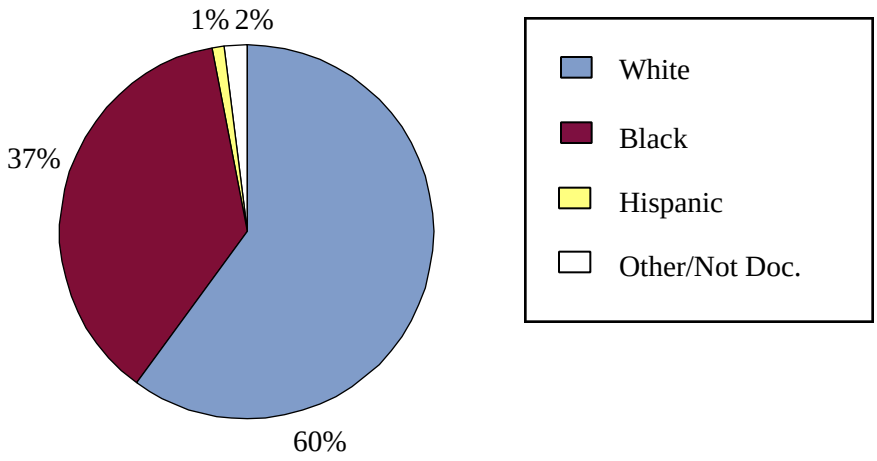
Abdomen, Extremities (including Pelvis), and External only the highest AIS score in each body region is used. The three most severely injured body regions have their score squared and added together to produce the ISS score. The ISS score takes values from 0 to 75. If an injury is assigned an AIS of 6, which is an unsurvivable injury, the ISS score is automatically assigned to 75. The ISS score correlates with mortality, morbidity, hospital stay, and other measures of severity.

In FY'03, 10,664 patients were submitted to the State Trauma Registry from hospitals providing the final phase of care, excluding rehabilitation. Of these, 37 percent were under the age of 25, 33 percent were between the ages of 25-44, and 30 percent were ages 45 and over.

The graph below shows the percentages of patients in each ISS category.



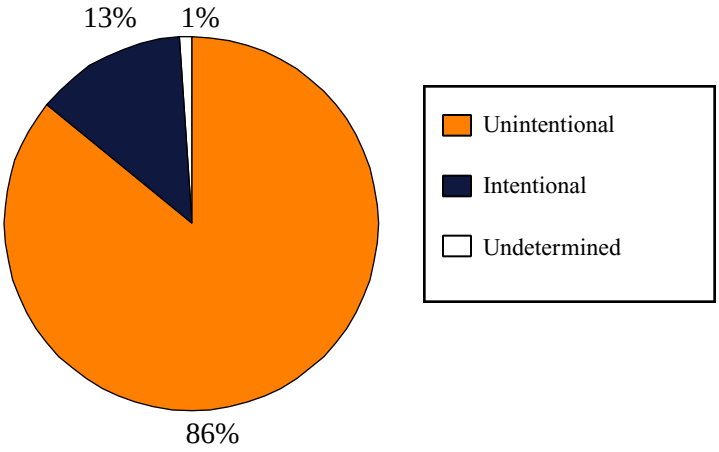
The chart below shows the breakdown of race.



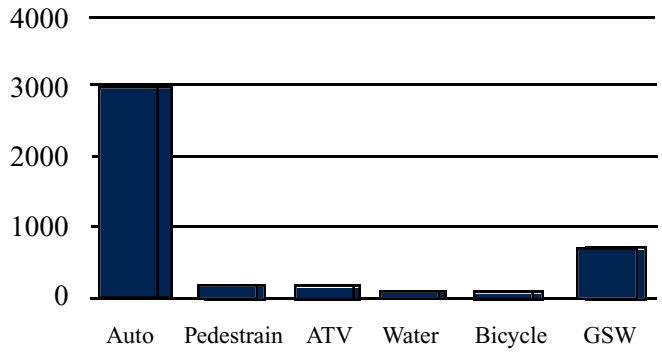
In FY'03, 398 trauma registry patients expired. The total number of records submitted in FY'03 was 10,664. Of these, 2,185 patients were transferred to a higher level of care.

Chapter 3
Types of Injuries and How They Occur

Injuries are classified as intentional, unintentional, or undetermined. Unintentional injuries accounted for nearly 86% of all injuries reported in the State Trauma Registry for FY'03. The breakdown of injuries is shown below.

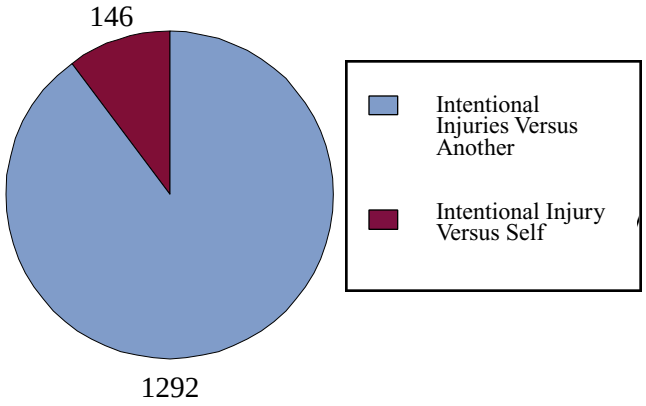


Nearly 89% of all unintentional injuries were caused by motor vehicle crashes in FY'03. Below are other transportation injuries.

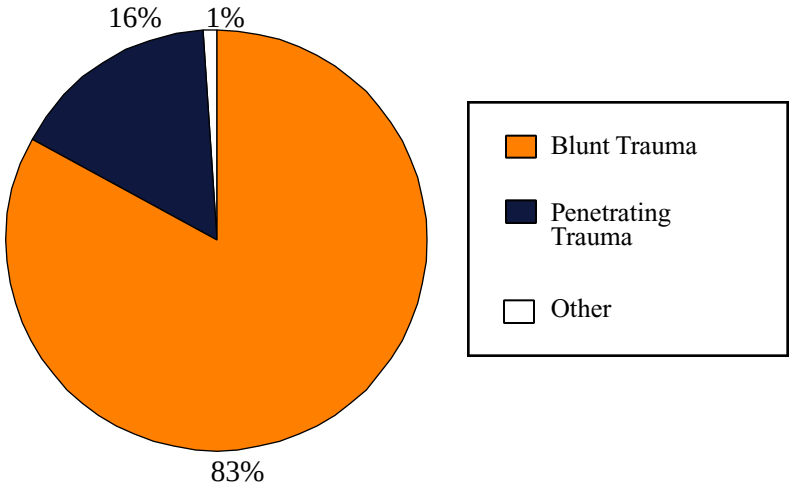


Other unspecified injuries account for 21 percent of unintentional injuries. Some of these include bites, crushing by objects or machinery, firearms, lightning, cuts, etc. Improvement in documentation and coding will help identify more specifically these other injuries.

Intentional factors resulted in 1,438 injuries in FY'03. Intentional injuries are classified as caused either by self or by another person. The breakdown is below:

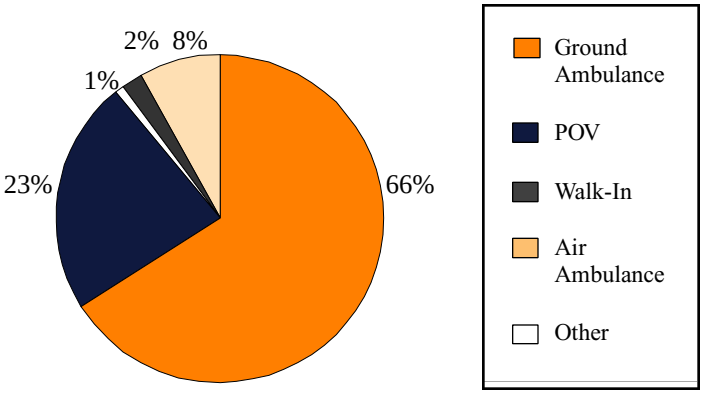


It is often a misconception that a high percentage of trauma is penetrating. The numbers below show that in FY‘03 this was not the case.



Chapter 4
Care and Length of Stay

In FY'03, over 66% of trauma registry patients arrived at the facility of definitive care by ground ambulance. Below shows the method of emergency department arrival at the definitive care facility.

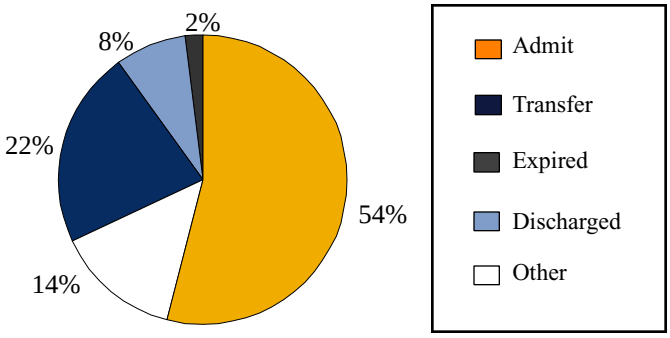


The table below shows the breakdown of hospital trauma admissions by day of the week.

Day —	Percentage of Totals
Sunday	16%
Monday	13%
Tuesday	12%
Wednesday	12%
Thursday	13%
Friday	15%
Saturday	18%

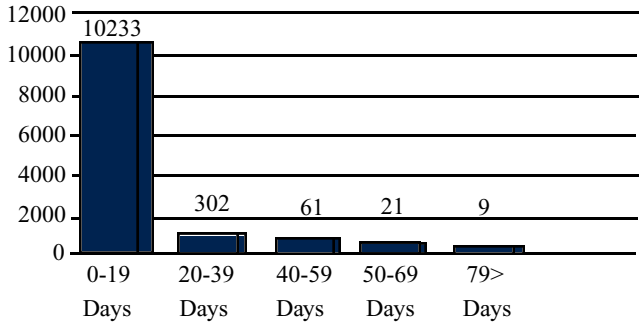
Once patients are admitted to the emergency department and treated, they are sent to the operating room, admitted to the hospital, transferred to another facility or are released from the hospital. Sixty-four percent of trauma patients in FY'03 were admitted to the reporting hospital.

The breakdown of emergency department dispositions is below.



The average hospital length of stay (LOS) for trauma patients in FY'03 was 5.03 days, with the median being 2 days. The breakdown of hospital LOS for trauma patients is shown below.

Length of Stay — Hospital



Transferred to	Percentage
Acute Care Hospital	20%
Other	1%
Rehabilitation Facility	4%
Skilled Nursing Facility	2%
Long-Term Care Facility	1%

Organ donations coming from trauma patients in the State Trauma Registry in FY‘03 reported 96 requests resulting in the following donations.

Heart	13
Bone	9
Liver	13
Kidneys	14
Corneas	6
Skin	8
Pancreas	9
Lungs	5
Eyes	2
Other/Multiple Organs	10

The other requests for donations were either refused or unsuitable.

References

- National Vital Statistics Report, Vol 47, No. 4, 32-33:October 7, 1998
- Vital Statistics Mississippi 1999, Mississippi State Department of Health, 30:1999
- Copes WS, Sacco JW, Champion HR, Bain LW, “Progress in Characterizing Anatomic Injury”, In proceedings of the 33rd Annual Meeting of the Association for the Advancement of Automotive Medicine, Baltimore, MA USA 205-218
- Baker SP et al, “The Injury Severity Score: a method for describing patients with multiple injuries and evaluating emergency care”, J Trauma 14:187-196:1974

Notes